

Effective November 10, 1998

09 350989

(Column 1) _____ (Column 2)

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
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361	362	363
364	365	366
3		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)	(Column 2)	(Column 3)
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
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349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TYPE

OR OTHER THAN SMALL ENTITY

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

		RATE	ADDITIONAL FEE
OR		X\$18=	
OR		X78=	
OR		+260=	
OR		TOTAL	
		ADDIT. FEE	

		RATE	ADDITIONAL FEE
OR		X\$18=	
OR		X78=	
OR		+260=	
OR		TOTAL ADDIT. FEE	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Applicant's Serial Number

09/350989

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
XS 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
XS18=	
X80=	
+270=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	Minus	20	=
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20	=
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
XS 9=	
X40=	
+135=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X80=	
+270=	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.